



THE EARLY CHILDHOOD DEVELOPMENT ACT (ECDA) SENATE BILL 658 FINAL REPORT

(MUST BE SUBMITTED BY MAY 15, 2004 TO ENSURE A FINAL PAYMENT)

THE REPORT SHOULD INCLUDE ALL CONTACTS COMPLETED PRIOR TO SUBMISSION.

SECTION I – DISTRICT INFORMATION (TO BE COMPLETED BY LEA)

NAME OF LEA (SCHOOL DISTRICT)		COUNTY/DISTRICT CODE		
NAME AND TITLE OF CONTACT PERSON	EMAIL ADDRESS		TELEPHONE NUMBER	
SCHOOL MAILING ADDRESS	CITY	STATE	ZIP CODE	PAT PHONE NUMBER
		MO		
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE		SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE

STATEMENT OF ASSURANCE

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND CERTIFY THAT THIS SCHOOL DISTRICT COMPLIED WITH THE PROVISIONS OF SECTIONS 178.691-699 RSMo (REVISED) AND MO RULE 5 CSR 50-270.010-270.030 (REVISED) FOR EACH SERVICE THAT WAS PROVIDED THROUGH FUNDS SET ASIDE FOR THIS ACT.

SECTION II – REIMBURSEMENT: PARENT EDUCATION FOR FAMILIES WITH CHILDREN PRENATAL TO AGE THREE

A. BASIC SERVICES (A MAXIMUM OF FIVE CONTACTS PER FAMILY MAY BE REPORTED IN THIS SECTION.)	SINGLE CHILD CONTACT	TWO OR MORE CHILD CONTACT
1A. ONE CONTACT, WHICH WAS A PERSONAL VISIT.		
2A. TWO CONTACTS, AT LEAST ONE OF WHICH WAS A PERSONAL VISIT.		
3A. THREE CONTACTS, AT LEAST TWO OF WHICH WERE PERSONAL VISITS.		
4A. FOUR CONTACTS, AT LEAST TWO OF WHICH WERE PERSONAL VISITS.		
5A. FIVE CONTACTS, AT LEAST THREE OF WHICH WERE PERSONAL VISITS.		

SECTION III – REIMBURSEMENT: HIGH NEEDS PRENATAL TO THREE CONTACTS

A. HIGH NEEDS FUNDS – ONLY ADDITIONAL VISITS OVER THE BASIC SERVICES REPORTED IN SECTION II ARE TO BE REPORTED IN THIS SECTION. FAMILIES REPORTED IN THIS SECTION MUST MEET ONE OR MORE OF THE CHARACTERISTICS LISTED ON PAGE 3. **THIS INCLUDES TEEN PARENTS.**

1. ADDITIONAL ONE PERSONAL VISIT		11. ADDITIONAL ELEVEN PERSONAL VISITS	
2. ADDITIONAL TWO PERSONAL VISITS		12. ADDITIONAL TWELVE PERSONAL VISITS	
3. ADDITIONAL THREE PERSONAL VISITS		13. ADDITIONAL THIRTEEN PERSONAL VISITS	
4. ADDITIONAL FOUR PERSONAL VISITS		14. ADDITIONAL FOURTEEN PERSONAL VISITS	
5. ADDITIONAL FIVE PERSONAL VISITS		15. ADDITIONAL FIFTEEN PERSONAL VISITS	
6. ADDITIONAL SIX PERSONAL VISITS		16. ADDITIONAL SIXTEEN PERSONAL VISITS	
7. ADDITIONAL SEVEN PERSONAL VISITS		17. ADDITIONAL SEVENTEEN PERSONAL VISITS	
8. ADDITIONAL EIGHT PERSONAL VISITS		18. ADDITIONAL EIGHTEEN PERSONAL VISITS	
9. ADDITIONAL NINE PERSONAL VISITS		19. ADDITIONAL NINETEEN PERSONAL VISITS	
10. ADDITIONAL TEN PERSONAL VISITS		20. ADDITIONAL TWENTY PERSONAL VISITS	

SIGNATURE (AUTHORIZED DESE OFFICIAL)	DATE
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SECTION IV – REIMBURSEMENT: PARENT EDUCATION FOR FAMILIES WITH CHILDREN AGES THREE TO FIVE

	NUMBER OF FAMILIES
1. NUMBER OF FAMILIES WITH CHILDREN AGES THREE TO FIVE WHO RECEIVED AT LEAST ONE PERSONAL CONTACT OR ATTENDED ONE GROUP MEETING.	

SECTION V – REIMBURSEMENT: PARENT EDUCATION FOR FAMILIES WITH CHILDREN AGES THREE TO FIVE

HIGH NEEDS FUNDS – ONLY ADDITIONAL VISITS OVER THE BASIC CONTACT REPORTED IN SECTION IV ARE TO BE REPORTED IN THIS SECTION. FAMILIES REPORTED IN THIS SECTION MUST MEET ONE OR MORE OF THE CHARACTERISTICS LISTED ON PAGE 3. THIS INCLUDES TEEN PARENTS. **PARENT EDUCATORS PROVIDING HIGH NEEDS CONTACTS FOR THE THREE TO FIVE FAMILIES MUST BE CERTIFIED IN THE PARENTS AS TEACHERS THREE TO FIVE CURRICULUM.**

1. ADDITIONAL ONE PERSONAL VISIT		13. ADDITIONAL THIRTEEN PERSONAL VISITS	
2. ADDITIONAL TWO PERSONAL VISITS		14. ADDITIONAL FOURTEEN PERSONAL VISITS	
3. ADDITIONAL THREE PERSONAL VISITS		15. ADDITIONAL FIFTEEN PERSONAL VISITS	
4. ADDITIONAL FOUR PERSONAL VISITS		16. ADDITIONAL SIXTEEN PERSONAL VISITS	
5. ADDITIONAL FIVE PERSONAL VISITS		17. ADDITIONAL SEVENTEEN PERSONAL VISITS	
6. ADDITIONAL SIX PERSONAL VISITS		18. ADDITIONAL EIGHTEEN PERSONAL VISITS	
7. ADDITIONAL SEVEN PERSONAL VISITS		19. ADDITIONAL NINETEEN PERSONAL VISITS	
8. ADDITIONAL EIGHT PERSONAL VISITS		20. ADDITIONAL TWENTY PERSONAL VISITS	
9. ADDITIONAL NINE PERSONAL VISITS		21. ADDITIONAL TWENTY-ONE PERSONAL VISITS	
10. ADDITIONAL TEN PERSONAL VISITS		22. ADDITIONAL TWENTY-TWO PERSONAL VISITS	
11. ADDITIONAL ELEVEN PERSONAL VISITS		23. ADDITIONAL TWENTY-THREE PERSONAL VISITS	
12. ADDITIONAL TWELVE PERSONAL VISITS		24. ADDITIONAL TWENTY-FOUR PERSONAL VISITS	

SECTION VI	(S1) REIMBURSEMENT			(S3) DATA COLLECTION ONLY			
1. NUMBER OF CHILDREN SCREENED	UNDER AGE ONE	AGE ONE	AGE TWO	AGE THREE	AGE FOUR	AGE FIVE	AGE SIX (BEFORE KINDERGARTEN)

SECTION VII – DATA COLLECTION: SCREENING FOR 6 MONTHS TO FIVE YEAR OLDS (S1 AND S3)

1. NUMBER OF CHILDREN SCREENED WITH INDICATED DELAYS/ PROBLEMS IN THE AREA OF:	UNDER AGE ONE	AGE ONE	AGE TWO	AGE THREE	AGE FOUR	AGE FIVE	AGE SIX (BEFORE KINDERGARTEN)
1A. DEVELOPMENT							
1B. VISION							
1C. HEARING							
1D. PHYSICAL/HEALTH							
2. TOTAL NUMBER OF CHILDREN WITH INDICATED DELAYS.							
3A. NUMBER OF CHILDREN REFERRED FOR FURTHER EVALUATION							
3B. NUMBER OF CHILDREN WHO HAD AN EVALUATION COMPLETED							
4. NUMBER OF CHILDREN SCREENED WITH INDICATED ADVANCED ABILITIES							

SECTION VIII -- DATA COLLECTION: HIGH NEEDS

1. PROVIDE AN ESTIMATED **NUMBER OF FAMILIES** WITH CHILDREN WHO MEET ONE OR MORE OF THE CATEGORIES LISTED BELOW. (YOU MAY HAVE A DUPLICATED COUNT IF A FAMILY RECEIVED SERVICES IN BOTH PROGRAMS.)

**PRENATAL TO
THREE FAMILIES**

**THREE TO FIVE
FAMILIES**

2. INDICATE THE **NUMBER OF FAMILIES** (PRENATAL – 5) SERVED IN EACH CATEGORY (YOU MAY HAVE A DUPLICATED COUNT).

	PRENATAL TO THREE FAMILIES		THREE TO FIVE FAMILIES	
	TWO PARENT	SINGLE PARENT	TWO PARENT	SINGLE PARENT
TEEN PARENTS				
CHILD WITH DISABILITIES				
PARENT WITH DISABILITIES				
LOW EDUCATIONAL ATTAINMENT				
SPEAKERS OF OTHER LANGUAGES				
LOW INCOME				
SINGLE PARENT HOUSEHOLD				
CHEMICAL DEPENDENCIES				
FOSTER PARENTS, COURT APPOINTED LEGAL GUARDIANS, OR ADOPTIVE PARENTS				
TRANSIENT/NUMEROUS FAMILY RELOCATIONS AND/OR HOMELESS				
INVOLVEMENT WITH THE CORRECTIONS SYSTEM				
INVOLVEMENT WITH MENTAL HEALTH, HEALTH OR SOCIAL SERVICE AGENCIES				
LOW BIRTH WEIGHT (LESS THAN 2500 G)				
RELATIVE WHO IS THE PRIMARY PERSON IN THE PARENT SUPPORT SYSTEM				
DEATH IN THE IMMEDIATE FAMILY				
ON-GOING HEALTH PROBLEM OF CHILD, PARENT, OR SIBLING				
CHILDREN WITH SERIOUS BEHAVIOR CONCERNS				
REFERRED TO PAT PROGRAM BECAUSE OF SUSPECTED CHILD ABUSE				
MULTIPLE CHILDREN UNDER AGE 5				

SECTION IX – DATA COLLECTION: FAMILY DATA (REIMBURSABLE PARENT EDUCATION SERVICES ONLY)

REPORT THE NUMBER OF FAMILIES WHO WERE SERVED (**To be considered served:** Families in the prenatal to three program must have received at least one Personal visit. Families in the three to five program must have received at least one group meeting or one Personal visit.) Do not include families who participated in only the screening services.

**PRENATAL TO
THREE FAMILIES**

**THREE TO FIVE
FAMILIES**

1. NUMBER OF MINORITY **FAMILIES** SERVED. (Families served in both programs should be reported in both programs.)

2. TOTAL NUMBER OF **FAMILIES** SERVED. (Only report the prenatal to three families.)

3. TOTAL NUMBER OF **CHILDREN** SERVED. (Families with children served in both programs should be reported in both programs.)

4. NUMBER OF TWO-YEAR-OLD CHILDREN PARTICIPATING IN PAT DURING FY 2004 WHO WERE FULLY IMMUNIZED.

5. NUMBER OF FAMILIES WHO RECEIVED THE FOLLOWING PRENATAL CONTACTS DURING FY 2004.

1 CONTACT _____ 2 CONTACTS _____ 3 CONTACTS _____ 4 CONTACTS _____ 5 CONTACTS _____
6 CONTACTS _____ 7 CONTACTS _____ 8 CONTACTS _____ 9 CONTACTS _____ 10 CONTACTS _____

SECTION X – ATTACH SIGNIFICANT CASES